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Bib Data Sheet

CONFIRMATION NO. 8546

|  |   |                                |  |  |
|--|---|--------------------------------|--|--|
| <b>SERIAL NUMBER</b><br>10/085,347   | <b>FILING OR 371(c) DATE</b><br>02/27/2002<br><b>RULE</b>   | <b>CLASS</b><br>600            | <b>GROUP ART UNIT</b><br>3737                                  | <b>ATTORNEY DOCKET NO.</b><br>33379US1 |
| <b>APPLICANTS</b><br>Sunyu Su, Hudson, OH;<br>Mark Xueming Zou, Aurora, OH;<br>Joseph Murphy-Boesch, Aurora, OH;   |   |                                |  |  |
| <b>** CONTINUING DATA *****</b><br><i>fil</i> This appln claims benefit of 60/273,092 03/02/2001   |   |                                |  |  |
| <b>** FOREIGN APPLICATIONS *****</b><br><i>fil (none)</i>  |   |                                |  |  |
| <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b><br>03/26/2002 <b>** SMALL ENTITY **</b>  |   |                                |  |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance |   | <b>STATE OR COUNTRY</b><br>OH  | <b>SHEETS DRAWING</b><br>6                                     | <b>TOTAL CLAIMS</b><br>9               |
| Verified and Acknowledged <i>[Signature]</i><br>Examiner's Signature _____ Initials _____  |   | <b>INDEPENDENT CLAIMS</b><br>2 |  |  |
| <b>ADDRESS</b><br>116  |   |                                |  |  |
| <b>TITLE</b><br>Uneven-counter-rotational coil based MRI RF coil array   |   |                                |  |  |
| <b>FILING FEE RECEIVED</b><br>563  | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                | <input type="checkbox"/> All Fees                              |  |
|  |   |                                | <input type="checkbox"/> 1.16 Fees ( Filing )                  |  |
|  |   |                                | <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) |  |
|  |   |                                | <input type="checkbox"/> 1.18 Fees ( Issue )                   |  |
|  |   |                                | <input type="checkbox"/> Other _____                           |  |
|  |   |                                | <input type="checkbox"/> Credit                                |  |